PART B - FEE(S) TRANSMITTAL

Complete and send this	lorm, together with a	pplicable fee(s), to: <u>Mad</u> or <u>Fax</u>	Mail Stop ISSUE Commissioner for P.O. Box 1456 Alexandria, Virgii (571) 273-2885	Patents		
INSTRUCTIONS: This fi completed where appropriate current current current address; and/or (b) indica consent current current	iste. All further convey to arktress as indicated ting a separate "FEE A	endence lech wiese correct DDRESS" for	aling the Paren ed below or dir manuenance f	t, advance orders and ected otherwise in Bio ce notifications. Note: A certificate of	nonfaction of maintenance sck 1, by (a) apeculying a finaling can only be us	nce fins will be numbed to a new correspondence and for domestic marlings	
26161	7590	09/18/2006	•	of the Fee(s) Transmital. This certificate cannot be used for any other accompanying papers. Each additional punes, such as a massignment of formal drawing, must have its own certificate of matting or transmission. Certificate of Mailing or Transmission.			
FISH & RICHARDS P.O. Box 1922				Leited States Postal in an envelope address or being facsimile to below.	this reces) (ransmittal in Service with sufficient passed to the Mail Boop IS assembled to the USPTO	s being deposited with the postage for from class mail SUE FEE address above, t, on the date indicated	
Minneapelis, MN 554	40-1022					(Doppisor) saver)	
						Physician	
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APPLICATION NO. 197675, No.	PR 6NG DATE 69/59/2683	I	FIRST NAMED I		ATTORNEY EXICKET NO 97972-119801	G. CONSTRMATION NO. 9968	
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Au The differenting itee(s) are enclosed. [N] Iteam Fer [N] Individualish Fen (No strail entity discount permitted) [] Advance Order - 8 - 6 Copies			Ab Payment of Foo(s): 3 A chack in the amount of the foots is enclosed. 1 A chack in the amount of the foots is enclosed. 1 Payment by credit coul Fours PTO-NSS is anothered. 2 The Eurocare's shootly authorized to obsige the required foots), or credit any overpayment, to Deposit Account Number (Sich(SE)) functions on other copy of this forms).				
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